


2010 ELECTION CYCLE


 Judicial Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
 2010 Judicial Selection

Delbert Hosemann
 SECRETARY OF STATE
RECEIVED
 OCT 26 2010
 Campaign Finance
 Secretary of State
 DATE STAMP

Name of Candidate Robert G. HARENSKI
 Address P.O. Box 736 Piboxi MS 39533 County Harrison
 Telephone Work 228-243-5332 Home _____ Fax 228-388-4439
 Contact Name _____ Email Address HARENSKI.Linda@yahoo.com
 Office Sought Chancery Court District 8 Place 2
☐ Check here if above is different from previous report

- _____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)..... Mandatory
 _____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010)..... Mandatory
 _____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010)..... Mandatory
 _____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)..... Mandatory
☒ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010)..... Mandatory
 _____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)..... Runoff Candidates
 _____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010)..... Mandatory
 _____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,750 +\$	\$ 1,750	\$
Total amount of disbursements	\$ 18,550 +\$	\$	\$
Total amount of cash on hand		\$	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Robert G. Harenski
Signature of Candidate

10/26/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 2 of 3Name of Candidate or Committee Robert G. HarenskiReporting period Oct. 1, 2010 through Oct. 23, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>A.T. Five Global</u>		<u>10/2/2010</u>	\$ <u>1,500⁰⁰</u>
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code <u>Biloxi, MS 39530</u>		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) <u>CONSTRUCTION COMPANY</u>	Aggregate year-to-date		\$ <u>1,500⁰⁰</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Robert G. Harenski</u>		<u>10/1/10</u>	\$ <u>10,250⁰⁰</u>
Mailing Address <u>2620 Lejune Drive</u>		____/____/____	\$ _____
City, State, Zip Code <u>Biloxi, MS 39531</u>		____/____/____	\$ _____
Name of Employer (Required) <u>Self-employed</u>		____/____/____	\$ _____
Occupation (Required) <u>ATHLETE</u>	Aggregate year-to-date		\$ <u>10,250⁰⁰</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$ _____
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code _____		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date		\$ _____
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____		____/____/____	\$ _____
Mailing Address _____		____/____/____	\$ _____
City, State, Zip Code _____		____/____/____	\$ _____
Name of Employer (Required) _____		____/____/____	\$ _____
Occupation (Required) _____	Aggregate year-to-date		\$ _____

Name of Candidate or Committee

Robert G. Hargenski

Page

3of 3

Reporting period

10-1-10

through

10-23-10

ITEMIZED DISBURSEMENTS

A. Full name

Cliff Kirichand

Mailing Address

136 Thomas St

City, State, Zip Code

Biloxi, MS 39530

Purpose of Disbursement (Optional)

Date
(Mo., Day, Year)10/1/10Amount of each
disbursement this period\$ 3,5001/1/10

\$

Aggregate
Year-to-date\$ 7,000⁰⁰

B. Full name

Cable One Advertising

Mailing Address

283 Debays Rd

City, State, Zip Code

Gulfport, MS 39507

Purpose of Disbursement (Optional)

AdvertisingDate
(Mo., Day, Year)10/15/10Amount of each
disbursement this period\$ 4,2501/1/10\$ 10,250Aggregate
Year-to-date\$ 14,500

C. Full name

Good News Newspaper

Mailing Address

336 Robinson

City, State, Zip Code

Biloxi, MS 39531

Purpose of Disbursement (Optional)

Date
(Mo., Day, Year)10/16/10Amount of each
disbursement this period\$ 550⁰⁰1/1/10

\$

Aggregate
Year-to-date\$ 550⁰⁰

D. Full name

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

Date
(Mo., Day, Year)1/1/10Amount of each
disbursement this period

\$

1/1/10

\$

Aggregate
Year-to-date

\$

E. Full name

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

Date
(Mo., Day, Year)1/1/10Amount of each
disbursement this period

\$

1/1/10

\$

Aggregate
Year-to-date

\$

F. Full name

Mailing Address

City, State, Zip Code

Purpose of Disbursement (Optional)

Date
(Mo., Day, Year)1/1/10Amount of each
disbursement this period

\$

1/1/10

\$

Aggregate
Year-to-date

\$